

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUSINESS REGULATION ADMINISTRATION
Alcoholic Beverage Regulation Administration**



**INSTRUCTIONS FOR FILING A CHANGE OF OFFICERS, DIRECTORS OR
PARTNERS**

Dear Applicant:

In order that our office may better serve you, it is essential that you read the following instructions carefully. Failure to do so will cause untimely delays in processing your application.

The following must accompany your application for a Change of Officer, Director or Partner

1. Each new Officer, Director or Corporation Officer or Partner must complete and submit a notarized copy of the attached Application. All questions must be answered and the requested information and/or document submitted.

Submit a notarized financial narrative explaining how funds to purchase the business stock were accumulated. All supporting documentation i.e., loan agreements, bank/saving and loan statements, financial statement; etc. must be submitted with application.

2. Minutes of the Board of Directors meeting verifying election of officers, attested by the Secretary, with the corporate seal.
3. Submit a copy of issued stock certificate(s).
4. Submit a Police Clearance from the District of Columbia, 300 Indiana Avenue, N.W., Room 3055, Monday-Friday, 7:00 a.m. to 3:00 p.m., (\$5.00 fee). In addition, if your primary residence outside of the District of Columbia; submit a Police Clearance from that state. Even though the fingerprints and the accompanying \$28.00 fee is being waived at this time, the Alcoholic Beverage Control Division reserves the rights to request these prints at any time should circumstances deem this to be an appropriate step.
5. All persons with felony convictions must submit a copy of court deposition with the Application.
6. Submit Cashiers/Certified Check or Money Order payable to D.C. Treasurer in the amount of \$75.00 per officer with each application.

DO NOT MAIL APPLICATION. TO SCHEDULE AN APPOINTMENT; PLEASE CALL (202) 442-4445.

SPECIAL NOTICE

The District of Columbia will appropriate auxiliary services including sign interpreters, whenever necessary to ensure effective communication with member of the public who are deaf, hearing impaired or who may have other disabilities affecting communication.

Requests must be made to the Alcoholic Beverage Control Division at least 10 (ten) days prior to your hearing date.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUSINESS REGULATION ADMINISTRATION
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



**APPLICATION FOR APPROVAL OF INDIVIDUALS, PARTNER PRINCIPAL
CORPORATE OFFICER OR DIRECTOR OF CORPORATION**

<u>FOR OFFICE USE ONLY</u>
Application No. _____
License No. _____
Control No. _____
Fees Paid _____
Rec'd Date _____
Examiner _____
Issued Date _____

<u>BOARD ACTION</u> <u>INITIAL / DATE</u>	
APPROVED	DENIED

- () Change of Officer/Partner
() New Application
() Transfer Application
() Stock Transfer

Trade Name _____

Reviewed by _____

Date _____

1. Name, Title and Home Address:

Home Telephone No. _____

_____.

2. Date of Birth: _____ Place of Birth _____

3. U.S. Citizen () Yes () No If no, provide alien registration number and expiration date, if naturalized, give date, place and certification number.

4. Name/Trade Name/Address Employed By:

5. Have you ever:

Been convicted of any charges other than minor traffic violations? () Yes () No
Used a name other than the one given at birth? () Yes () No
Received or applied for any other ABC license in DC or elsewhere? () Yes () No
Had any ABC license suspended, denied or revoked in DC or elsewhere? () Yes () No

6. Does any member of your immediate family now hold an ABC license or have any financial interest, directly or indirectly in any ABC licensed establishment in the District or elsewhere?
() Yes () No

If the answer to any of the above is yes, give date place and details on a separate sheet of paper.

7. What is the total amount of capital you have contributed to the business?

_____.

8. Number of shares of stock held by you. _____.

I hereby certify under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief and I further, hereby, authorize the Alcoholic Beverage Control Board or its employees to investigate any and all of the information provided by me in this application for an ABC license.

Signature

Name/ Title

Subscribed and sworn to before me this _____ day of _____ 20 _____.

Notary Public

Commission Expires On

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUSINESS REGULATION ADMINISTRATION
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**CHANGE OF OWNERSHIP/CHANGE OF OFFICER(S)
NO SUBSTANTIAL CHANGE**

Applicant's Name

Trade Name

Application Number

License Number

I (We) BEING FIRST DULY SWORN, DEPOSE AND SAY THAT I AM (WE ARE) THE PERSON(S) WHO EXECUTED THE FORGOING APPLICATION FOR AN ALCOHOLIC BEVERAGE CONTROL LICENSE; THAT NO CHANGE WHICH COULD BE DEEMED A SUBSTANTIAL CHANGE TO THE BUSINESS WILL OCCUR BEFORE THIS LICENSURE PERIOD EXPIRES, AS SET FORTH IN Title 23, SECTION 505 OF THE DISTRICT OF COLUMBIA MUNICIPAL REGULATIONS, June 24, 1988.

IF INDIVIDUAL (APPLICANT MUST SIGN); IF PARTNERSHIP (EACH PARTNER MUST SIGN); IF CORPORATION (PRESIDENT MUST SIGN)

SIGNATURE

NAME/TITLE (PRINT OR TYPE)

SIGNATURE

NAME/TITLE (PRINT OR TYPE)

SIGNATURE

NAME/TITLE (PRINT OR TYPE)

SUBSCRIBE AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC

COMMISSION EXPIRES

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUSINESS REGULATION ADMINISTRATION
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



AFFIDAVIT

The undersign applicant, _____,
Name

Hereby, attests that he/she has not been charged or convicted of a felony (during the last 10 (ten) years)
or a misdemeanor (during the last five years).

Signature

Name (print or type)

The foregoing was subscribed and sworn to before me on this _____ day of _____, 20 _____.

Notary Public
